



2006 PRINCIPAL COMBINED FUND DRIVE APPLICATION

Victim Compensation and Government Claims Board
PO Box 48
Sacramento CA 95812

FILING DEADLINE
MARCH 1, 2006

Please print or type all information

ADDITIONAL REQUIRED DOCUMENTS:

1. Copy of 501(c)(3) exempt status from the Internal Revenue Service.
2. Legal Documentation for Organization Name Change if the organization's name does not match 501(c)(3).
3. Alphabetical listing of all affiliate member agencies.
4. Alphabetized Affiliate applications, including **original signatures and copies of their 501(c)(3)** documentation.

A. LEGAL NAME (Name must appear exactly as recognized by the I.R.S. on the 501(c)(3) tax-exempt form.)

B. OTHER NAME ☐ D.B.A ☐ A.K.A. ☐ Program name

C. PHYSICAL ADDRESS

- ☐ Please use for mailing/brochure
☐ Please do not use for mailing
☐ Please do not release

Street

City,

State

Zip Code

D. P.O. BOX

- ☐ Please use for mailing/brochure
☐ Please do not use for mailing
☐ Please do not release

P.O. Box

City,

State, Zip Code

E. CONTACT INFORMATION (The person who will be the **primary** CSECC contact. This information will be posted in the brochure and website.)

Name: _____ **Title:** _____

Telephone number: _____ **Fax number:** _____

Email address: _____ **Web address:** _____

Tax Identification Number: _____

F. AFFILIATE INFORMATION

Specify the number of affiliated member agencies applying for the 2006 Campaign: _____

Return completed applications to:

Victim Compensation and Government Claims Board
Attn: Marlene Dederick, Campaign Coordinator

Mailing address:

P.O. Box 3035
Sacramento, CA 95812-3035

Physical address

630 K St
Sacramento, CA 95814

California Government Code section 13923 and Title 2, California Code of Regulations, section 633.9, govern the solicitation of State officers and employees for charitable purposes and allow for payroll deductions related to the solicitation. State officers and employees may be solicited only by a Victim Compensation and Government Claims Board (VCGCB) approved Principal Combined Fund Drive (PCFD) agency.

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CSECC ID #



G. DESCRIPTION OF ACTIVITIES*Sample appearance in brochures:***0000 Name of Organization**

Phone no. Address

25 Word Description. www.info.com

New Applicants:

Please provide a statement, no longer than 25 words in length¹, describing your organization's activities. **DO NOT** include the name of your organization in your statement. A web address may be included and will not be counted as part of the 25 word statement. Your description may be included in the local Campaign brochures.

Previous Applicants:

If no statement is printed below, please provide a new description. Modifications to the printed statement may be made by lining out information and writing in the desired wording in the space below or attach a separate sheet

H. AREAS OF SOLICITATION

Please check the box of those California counties where your organization normally operates.

<input type="checkbox"/> Alameda	<input type="checkbox"/> Kings	<input type="checkbox"/> Placer	<input type="checkbox"/> Sierra
<input type="checkbox"/> Alpine	<input type="checkbox"/> Lake	<input type="checkbox"/> Plumas	<input type="checkbox"/> Siskiyou
<input type="checkbox"/> Amador	<input type="checkbox"/> Lassen	<input type="checkbox"/> Riverside	<input type="checkbox"/> Solano
<input type="checkbox"/> Butte	<input type="checkbox"/> Los Angeles	<input type="checkbox"/> Sacramento	<input type="checkbox"/> Sonoma
<input type="checkbox"/> Calaveras	<input type="checkbox"/> Madera	<input type="checkbox"/> San Benito	<input type="checkbox"/> Stanislaus
<input type="checkbox"/> Colusa	<input type="checkbox"/> Marin	<input type="checkbox"/> San Bernardino	<input type="checkbox"/> Sutter
<input type="checkbox"/> Contra Costa	<input type="checkbox"/> Mariposa	<input type="checkbox"/> San Diego	<input type="checkbox"/> Tehama
<input type="checkbox"/> Del Norte	<input type="checkbox"/> Mendocino	<input type="checkbox"/> San Francisco	<input type="checkbox"/> Trinity
<input type="checkbox"/> El Dorado	<input type="checkbox"/> Merced	<input type="checkbox"/> San Joaquin	<input type="checkbox"/> Tulare
<input type="checkbox"/> Fresno	<input type="checkbox"/> Modoc	<input type="checkbox"/> San Luis Obispo	<input type="checkbox"/> Tuolumne
<input type="checkbox"/> Glenn	<input type="checkbox"/> Mono	<input type="checkbox"/> San Mateo	<input type="checkbox"/> Ventura
<input type="checkbox"/> Humboldt	<input type="checkbox"/> Monterey	<input type="checkbox"/> Santa Barbara	<input type="checkbox"/> Yolo
<input type="checkbox"/> Imperial	<input type="checkbox"/> Napa	<input type="checkbox"/> Santa Clara	<input type="checkbox"/> Yuba
<input type="checkbox"/> Inyo	<input type="checkbox"/> Nevada	<input type="checkbox"/> Santa Cruz	
<input type="checkbox"/> Kern	<input type="checkbox"/> Orange	<input type="checkbox"/> Shasta	<input type="checkbox"/> STATEWIDE

Specific regions: _____

¹ The VCGCB will edit any statement that uses special fonts or exceeds 25 words.

I. FEES AND EXPENSES

Specify below the proposed fee, as a percentage of contributions received, to be charged to affiliates and nonaffiliated beneficiaries (non-affiliates) for reimbursement of PCFD fund-raising and administrative expenses: (Note: Organizations submitting fees in excess of 18% must submit an explanation justifying the need for a higher percentage.)

AFFILIATES		NON-AFFILIATES	
Fund-raising	%	Fund-raising	%
Administration	%	Administration	%
TOTAL	%	TOTAL	%

Please provide the total amount raised for the State Campaign in the previous Fiscal Year.

\$ _____
Please round numbers to the nearest whole dollar

Please provide the total amount raised for the previous Fiscal Year, including the State Campaign.

\$ _____
Please round numbers to the nearest whole dollar

J. CONDITIONS FOR APPROVAL

We agree to do all of the following as a PCFD agency in the 2006 Campaign:

- 1) Provide all State officers and employees in the PCFD area with a payroll deduction authorization form and all of the following:
 - a. A list of the non-affiliates that were approved for Campaign participation in the PCFD area;
 - b. Information regarding the purpose of the Board-approved fee that is charged to affiliates and non-affiliates for reimbursement of PCFD fund-raising and administrative expenses; and
 - c. A form on which the officer or employee may designate that contributions be directed to specific affiliates or non-affiliates. The form must be in triplicate, with one copy intended for (a) the officer or employee, (b) the beneficiary designated by the officer or employee, and (c) the PCFD agency.
- 2) Transmit contributions, as designated by any State officer or employee, to any charitable organization qualified as "exempt" under both Section 23701(d) of the California Revenue and Taxation Code and Section 501(c)(3) of the United States Internal Revenue Code of 1954, after deducting a fee for reimbursement of PCFD fund-raising and administrative expenses (at a Board-approved percentage rate).
- 3) Pay the State of California's cost of establishing charitable-related payroll deductions and remitting the proceeds, as determined by the State Controller and the Victim Compensation and Government Claims Board.

CSECC ID # _____



We acknowledge

- 1.) That this original application form must be **completed** and received at the Board's office no later than the date specified by the Board. A timely submission is necessary for the Board's consideration of an organization's application to act as a PCFD.
- 2.) That if the Board request information supporting a certification of eligibility, the information will be furnished promptly. The burden of demonstrating eligibility, shall rest with the applicant.

We agree that in consideration for and as a condition of the State Controller withholding and transmitting payroll deductions, as authorized by California Government Code Section 1151(f), we shall hold harmless the State of California, including but not limited to its officers and employees, from any liability that may result from making, canceling, or changing any requested payroll deduction.

We certify under penalty of perjury:

- 1) That we are currently a charitable organization qualified as "exempt" under Section 23701d of the Revenue and Taxation Code **and** paragraph (3) of subsection (c) of Section 501 of the Internal Revenue Code of 1954.
- 2) That we are in compliance with the provisions of the California Fair Employment and Housing Act, Part 2.8 (commencing with Government Code section 12900; visit <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=gov&group=12001-13000&file=12900-12906> for more information).
- 3) That the fund-raising and administrative expenses are less than 18% of our total revenue. OR If these expenses exceed 18%, we certify that our actual expenses for those purposes are reasonable under all circumstances **and** we have attached an explanation to that effect.

N. SIGNATURE

Original Signature of Authorized Officer (blue ink preferred)

Date

Typed or Printed Name of Authorized Officer

Authorized Officer Title

Return *completed* application to:

Victim Compensation and Government Claims Board
Attn: Marlene Dederick, Campaign Coordinator

Mailing address:

P.O. Box 48
Sacramento, CA 95812

Physical address:

630 K St
Sacramento, CA 95814

DO NOT HESITATE TO CONTACT US IF YOU HAVE ANY QUESTIONS.

Our toll free number is
1 (800)-955-0045.

CSECC ID #

CSECC law, rules and policies, as well as copies of the application and instructions can be downloaded by visiting our website: www.boc.ca.gov/csecc.htm

